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APPLICANTS

Brian Joseph Ewanchuk, Redmond, WA;
 Mark Gerald Favero, Seattle, WA;
 James Stuart Johnson, Redmond, WA;

**** CONTINUING DATA ******* *None, u*

**** FOREIGN APPLICATIONS ******* *None, u*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 04/12/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 15	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

26119

TITLE

Performing threshold based connection status responses

FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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